

of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Maximizing the Effectiveness of Home Health Care: The Influence of Service Volume and Integration With Other Care Settings on Patient Outcomes; *Form No.:* HCFA-R-189; *Use:* This study will examine (1) the relationship of home health care service volume and patient outcomes, and (2) the relationship of the physician role and integration of other services and patient outcomes; *Frequency:* Other (periodically); *Affected Public:* Not-for-profit institutions, business or other for profit, and individuals or households; *Number of Respondents:* 6,300; *Total Annual Hours:* 3,573.

2. *Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Request for Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services, Outpatient Physical Therapy Speech Pathology Survey Report; *Form Nos.:* HCFA-1856, HCFA-1893; *Use:* The Medicare Program requires outpatient physical therapy providers to meet certain health and safety requirements. The request for certification form is used by State agency surveyors to determine if minimum Medicare eligibility requirements are met. The survey report form records the result of the onsite survey; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 1,700; *Total Annual Hours:* 446.25.

3. *Type of Information Collection Request:* Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Request for Certification as Supplier of Portable X-ray Services Under the Medicare/Medicaid Programs, and Portable X-ray Survey Report; *Form Nos.:* HCFA-1880, HCFA-1882; *Use:* The Medicare program requires portable x-ray suppliers to be surveyed for health and safety standards. The HCFA-1882 is the survey form that records survey results. The HCFA-1880 is used by the surveyor

to determine if a portable x-ray applicant meets the eligibility requirements; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 520; *Total Annual Hours:* 137.

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Organ Procurement Organization's Request for Designation; *Form No.:* HCFA-576; *Use:* The information provided on this form serves as a basis for certifying organ procurement organizations (OPO) for participation in the Medicare and Medicaid programs and will indicate whether the OPO is meeting the specified performance standards for reimbursement of service; *Frequency:* Biennially; *Affected Public:* Business or other for profit, not-for-profit institutions; *Number of Respondents:* 80; *Total Annual Hours:* 160.

5. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Physical Therapist in Independent Practice Request for Certification in the Medicare Program; *Form No.:* HCFA-262; *Use:* The HCFA-262 is used by the surveyors to determine if a physical therapist in independent practice requesting Medicare approval meets the eligibility requirements; *Frequency:* On occasion; *Affected Public:* Business or other for profit; *Number of Respondents:* 7,322; *Total Annual Hours:* 1,098.

6. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Request for Approval as a Hospital Provider of Extended Care Services (Swing-Bed) in the Medicare and Medicaid Programs; *Form No.:* HCFA-605; *Use:* The HCFA-605 is used for facility identification and screening. It will be completed by a hospital that is requesting approval and will initiate the process of determining the hospital's eligibility and for which bed count category the hospital wishes to request approval; *Frequency:* Other (one-time usage for initial application); *Affected Public:* Business or other for profit, not-for-profit institutions, Federal Government; *Number of Respondents:* 1,500; *Total Annual Hours:* 375.

To request copies of the proposed paperwork collections referenced above, E-mail your request, including your address, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections should be sent within 60 days of this notice directly to

the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Planning and Analysis Staff, Attention: John Burke, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: December 7, 1995.

Kathleen B. Larson,
Director, Management Planning and Analysis Staff, Office of Financial and Human Resources, Health Care Financing Administration.

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BILLING CODE 4120-03-P

Health Resources and Services Administration

Rural Health Services Outreach Grant Program

AGENCY: Health Resources and Services Administration, PHS.

ACTION: Notice of availability of funds.

SUMMARY: The Office of Rural Health Policy, Health Resources and Services Administration (HRSA), announces that applications are being accepted for Rural Health Services Outreach Demonstration Grants to expand or enhance the availability of essential health services in rural areas. Grants for these projects are authorized under Section 301 of the Public Health Service Act.

This program announcement for the above stated program is subject to the appropriation of funds for this activity. Applicants are advised that this program announcement is a contingency action being taken to assure that should funds become available for this purpose, awards can be made in a timely fashion consistent with the needs of the program. At this time, given a continuing resolution and the absence of FY 1996 appropriations for this program, the amount of funds available cannot be estimated.

NATIONAL HEALTH OBJECTIVES FOR THE YEAR 2000: The Health Resources & Services Administration (HRSA) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a Public Health Service (PHS) national activity for setting priority areas. The Rural Health Services Outreach program is related to the priority areas for health promotion, health protection and preventive services. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-C) or Healthy People 2000 (Summary Report: Stock No. 017-001-

00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone (202) 783-3238).

AMOUNT AND DURATION OF GRANT

AWARDS: Individual grant awards under this notice will be limited to a total amount of \$300,000 (direct and indirect costs) per year. Applications for smaller amounts are encouraged. Applicants may propose project periods for up to three years, but the duration of projects is contingent upon the availability of funds. It is expected that the average grant award will be approximately \$180,000 for the first year. However, applicants are advised that continued funding of grants beyond the one year period covered by this announcement is contingent upon the appropriation of funds for the program and assessment of grantee performance. No project will be supported for more than three years.

APPLICATION DEADLINE: Applications for the program must be received by the close of business on March 15, 1996. Completed applications must be sent to The Grants Management Officer, c/o Global Exchange, Inc., 7910 Woodmont Avenue, Suite 400, Bethesda, Maryland 20814.

Applications shall be considered as meeting the deadline if they are either (1) received on or before the deadline date; or (2) postmarked on or before the deadline date and received in time for orderly processing. Applicants must obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service in lieu of a postmark. Private metered postmarks will not be acceptable as proof of timely mailing. Late applications will be returned to the sender.

The standard application form and general instructions for completing applications (Form PHS-5161-1, OMB #0937-0189) have been approved by the Office of Management and Budget. To receive an application kit, contact The Grants Management Office, c/o Global Exchange, Inc., 7910 Woodmont Avenue, Suite 400, Bethesda, Maryland 20814 or, in the contiguous U.S., call 1-800/784-0345. Hawaii, Alaska, Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa, the Compact of Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia should call 301/656-3100 COLLECT.

FOR FURTHER INFORMATION CONTACT:

Information or technical assistance regarding business, budget, or financial issues should be directed to the Office of Grants Management, Bureau of Primary Health Care, Health Resources

and Services Administration, 4350 East West Highway, 11th Floor, Bethesda, Maryland 20814, 301/594-4260.

Requests for technical or programmatic information on this announcement should be directed to Eileen Holloran, Office of Rural Health Policy, Room 9-05, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-0835.

SUPPLEMENTARY INFORMATION:

Eligible Applicants

The grant recipient must be a nonprofit or public entity which meets one of the three requirements stated below.

(1) The applicant's central administrative headquarters where the grant will be managed is not located in a Metropolitan Statistical Area as defined by the Office of Management and Budget. A list of the cities and counties that are designated as Metropolitan Statistical Areas is included in the application kit. If your organization's central administrative headquarters is located in one of these areas, you are not eligible for the program unless you meet one of the other two criteria listed below.

(2) Some Metropolitan Statistical Areas on the list are extremely large. We have divided these areas into rural and urban census tracts. Appendix I provides a list of these Metropolitan Statistical Areas and the rural census tracts in each area. If your central administrative headquarters is located within one of these census tracts, you are eligible for the program.

(IF YOU ARE ELIGIBLE UNDER THIS CRITERION, YOU MUST LIST YOUR COUNTY AND CENSUS TRACT UNDER ITEM #8 ON THE FACE PAGE OF THE APPLICATION OR YOUR APPLICATION WILL BE RETURNED. If you do not know your census tract, Appendix II provides the telephone numbers for regional offices of the Census Bureau. You should call the appropriate office to determine your census tract.)

(3) Your organization is constituted exclusively to provide services to migrant and seasonal farmworkers in rural areas and is supported under Section 329 of the Public Health Service Act. These organizations are eligible regardless of the urban or rural location of their administrative headquarters.

In addition to meeting one of the above criteria, the applicant must be capable of receiving the grant funds directly and must have the capability to manage the project. This means that the applicant organization must be able to exercise administrative and program

direction over the grant project; must be responsible for hiring and managing the project staff; must have the administrative and accounting capabilities to manage the grant funds; and must have some permanent staff at the time a grant award is made. Further, the applicant organization must have an Employer Identification Number from the Internal Revenue Service at the time of the grant award and other proof of organizational viability that may be requested by the Grants Management Office.

Applicants from the 50 United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Territories of the Virgin Islands, Guam, American Samoa, the Compact of Free Association Jurisdictions of the Republic of the Marshall Islands, the Republic of Palau, and the Federated States of Micronesia, are eligible to apply.

Applications from organizations that do not meet one of the three requirements described above will not be reviewed.

Current Rural Health Services Outreach grantees who are in the last year of their projects may not reapply for funds to support the same project. Any new proposal they submit must have a different focus from the project that is currently being funded.

Program Objectives

The purpose of the program is to support projects that demonstrate new and innovative models of outreach and health care services delivery in rural areas that lack basic health services. Grants will be awarded either for the direct provision of health services to rural populations that are not currently receiving them, or to enable access to and utilization of existing services.

Applicants may propose projects to address the needs of a wide range of rural population groups, including the poor, the elderly, the disabled, pregnant women, infants, adolescents, rural minority populations, and rural populations with special health care needs. Projects should be responsive to the special cultural and linguistic needs of specific populations.

A central goal of the demonstration program is to develop new and innovative models for more effective integration and coordination of health services in rural areas. It is hoped that some of these models will prove significant in solving rural health problems throughout the country. In order to better integrate the provision of health services in rural areas, participation in the program requires

the formation of consortium arrangements among three or more separate and distinct entities to carry out the demonstration projects.

A consortium must be composed of three or more health care organizations, or a combination of three or more health care and social service organizations. At least one of the entities must be a health care service delivery organization. Individual members of a consortium might include such entities as hospitals, public health agencies, Area Health Education Centers, home health providers, mental health centers, substance abuse service providers, rural health clinics, social service agencies, health profession schools, local school districts, emergency service providers, community and migrant health centers, civic organizations, etc. Although applicants for the program must be nonprofit or public entities, other consortium members may be for-profit organizations.

The roles and responsibilities of each member organization must be clearly defined and each must contribute significantly to the goals of the project. The process used to ensure compliance with the consortium requirement includes two steps: (1) making sure that at least three organizations, including the applicant, are identified, and that each is a separate legal entity, and (2) ensuring that each member plays a substantial part in accomplishing the objectives of the project.

Applicants are encouraged to develop projects to address specific areas of need in their communities. Need can be established through a formal needs assessment or by population specific demographic data. The following are examples of project focus areas that can be supported through this program:

1. Projects that bring ambulatory and mental health care to unserved or underserved rural areas or populations. The HRSA has a special priority to establish primary care programs along the U.S./Mexican border.

2. Projects that provide, or make possible the provision, of emergency medical services within rural areas that lack these services.

3. The creation of new integrated networks of providers to deliver ambulatory care when such networks appear likely to improve access to health care or its quality. The HRSA is especially interested in networks that may become a part of managed care systems in rural areas.

4. Projects that provide services that enable rural populations to better utilize existing health services, including those involving the use of community outreach workers.

5. Projects that provide training for health care professionals and workers, including community outreach workers, when such training may be demonstrated to be likely to lead to higher quality services or more accessible services in rural areas.

6. Projects that enhance the health and safety of farmers, farm families, and migrant and seasonal farm workers through direct services.

7. Projects that address the needs of rural minority populations.

8. Projects that train rural people in disease prevention and health promotion, when such training addresses critical needs of the area.

9. Telecommunication and telemedicine projects.

10. Projects on adolescent health and on school-based programs.

The focus areas listed above are examples only. All projects must address the demonstrated needs of the community.

Review Consideration

Grant applications will be evaluated on the basis of the following criteria:

1. The extent to which the applicant has documented and justified the need(s) for the proposed project.

2. The extent to which the applicant has proposed new approaches that will meet the health care needs of the community and has developed measurable goals and objectives for carrying out the project.

3. The extent to which the applicant has clearly defined the roles and responsibilities of each member of the consortium and demonstrated the experience and expertise needed to manage the project.

4. The level of local commitment and involvement with the project, as evidenced by: (1) the extent of cost participation on the part of the applicant, members of the consortium, and other organizations; (2) letters of support from community leaders and organizations; and, (3) the feasibility of plans to sustain the project after federal grant support is ended.

5. The reasonableness of the budget that is proposed for the project.

6. The extent to which the applicant has developed a realistic and workable plan for evaluating the project and for disseminating information about the project.

Geographic Considerations

The HRSA hopes to expand the outreach program into geographic areas not currently served by the program. Consequently, HRSA will consider geographic coverage when deciding which approved applications to fund.

Other Information

Grantees will be required to use at least 85 percent of the total amount awarded for outreach and care services, as opposed to administrative costs. At least 50 percent of the funds awarded must be spent in rural areas. This is a demonstration program that will not support projects that are solely or predominantly designed for the purchase of equipment or vehicles. The purchase of equipment and vehicles may not represent more than 40 percent of the total federal share of a proposal. Grant funds may not be used for purchase, construction or renovation of real property or to support the delivery of inpatient services.

Applicants are advised that the entire application may not exceed 70 pages in length including the project and budget narratives, face page, all forms, appendices, attachments and letters of support. Applications that exceed the 70 page limit will not receive consideration. All applications must be typewritten and legible. Margins must be no less than 1/2 inch on all sides.

Public Health System Impact Statement

This program is subject to the Public Health System Reporting Requirements. Reporting requirements have been approved by the Office of Management and Budget—# 0937-0195. Under these requirements, the community-based nongovernmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to state and local health officials to keep them apprised of proposed health services grant applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based non-governmental applicants are required to submit the following information to the head of the appropriate state and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- a. A copy of the face page of the application (SF 424).

- b. A summary of the project not to exceed one page, which provides:

- (1) A description of the population to be served.

- (2) A summary of the services to be provided.

- (3) A description of the coordination planned with the appropriate state or local health agencies.

Executive Order 12372

The Rural Health Services Outreach Grant Program has been determined to

be a program which is subject to the provisions of Executive Order 12372 concerning intergovernmental review of federal programs by appropriate health planning agencies as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their states for assistance under certain Federal programs. Applicants (other than federally-recognized Indian tribal governments) should contact their state Single Point of Contact (SPOCs), a list of which will be included in the application kit, as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one state, the applicant is advised to contact the SPOC of each affected State. All SPOC recommendations should be submitted to Harriet Green, Office of Grants Management, Bureau of Primary Health Care, 4350 East West Highway, 11th Floor, Bethesda, Maryland 20814, (301) 594-4260. The due date for state process recommendations is 60 days after the application deadline (May 15, 1996) for competing applications. The granting agency does not guarantee to "accommodate or explain" state process recommendations it receives after that date. (See Part 148 of the PHS Grants Administration Manual, Intergovernmental Review of PHS Programs under Executive Order 12372 and 45 CFR Part 100 for a description of the review process and requirements.	<i>Baldwin</i>	0071
State Offices of Rural Health	0101	0072
Applicants should notify their State Office of Rural Health of their intent to apply for this grant program. The State Office can provide information and technical assistance. A list of State Offices of Rural Health will be provided with the application kit.	0102	0073
OMB Catalog of Federal Domestic Assistance number is 93.912	0106	0074
Dated: December 7, 1995.	0110	0077
Ciro V. Sumaya, Administrator.	0114	0078
Appendix I	0115	0079
*Census tract numbers are shown <i>below</i> each county name.	0116	0080
To be eligible under criterion #2 your organization's central administrative headquarters must be located in one of the census tracts that is listed below your county. The county name and the census tract number <i>must be included in section #8</i> on the face page of the 424 application.	<i>Mobile</i>	0081
State	0059	0082
County	0062	0083
Census tract number	0066	0084.01
Alabama	0072.02	0084.02
	<i>Tuscaloosa</i>	<i>Kern</i>
	0107	0033.01
	Arizona	0033.02
	<i>Maricopa</i>	0034
	0101	0035
	0405.02	0036
	0507	0037
	0611	0040
	0822.02	0041
	5228	0042
	7233	0043
	<i>Pima</i>	0044
	0044.05	0045
	0048	0046
	0049	0047
	California	0048
	<i>Butte</i>	0049
	0024	0050
	0025	0051.01
	0026	0052
	0027	0053
	0028	0054
	0029	0055.01
	0030	0055.02
	0031	0056
	0032	0057
	0033	0058
	0034	0059
	0035	0060
	0036	0061
	<i>El Dorado</i>	0063
	0301.01	<i>Los Angeles</i>
	0301.02	5990
	0302	5991
	0303	9001
	0304.01	9002
	0304.02	9004
	0305.01	9012.02
	0305.02	9100
	0305.03	9101
	0306	9108.02
	0310	9109
	0311	9110
	0312	9200.01
	0313	9201
	0314	9202
	0315	9203.03
	<i>Fresno</i>	9301
	0040	<i>Monterey</i>
	0063	0109
	0064.01	0112
	0064.03	0113
	0065	0114.01
	0066	0114.02
	0067	0115
	0068	<i>Placer</i>
		0201.01
		0201.02
		0202
		0203

0204	0052.02	0022
0216	0053.02	
0217	0053.03	<i>Pueblo</i>
0219	0053.04	0028.04
0220	0054	0032
	0055	0034
<i>Riverside</i>		
0421	<i>Santa Barbara</i>	<i>Weld</i>
0427.02	0018	0019.02
0427.03	0019.03	0020
0429		0024
0430	<i>Santa Clara</i>	0025.01
0431	5117.04	0025.02
0432	5118	
0444	5125.01	Florida
0452.02	5127	<i>Collier</i>
0453		0111
0454	<i>Shasta</i>	0112
0455	0126	0113
0456.01	0127	0114
0456.02	1504	
0457.01		<i>Dade</i>
0457.02	<i>Sonoma</i>	0115
0458	1506.04	
0459	1537.01	<i>Marion</i>
0460	1541	0002
0461	1542	0004
0462	1543	0005
		0027
<i>San Bernardino</i>	<i>Stanislaus</i>	
0089.01	0001	<i>Osceola</i>
0089.02	0002.01	
0090.01	0032	0401.01
0090.02	0033	0401.02
0091.01	0034	0402.01
0091.02	0035	0402.02
0093	0036.05	0403.01
0094	0037	0403.02
0095	0038	0404
0096.01	0039.01	0405.01
0096.02	0039.02	0405.02
0096.03		0405.03
0097.01	<i>Tulare</i>	0405.05
0097.03		0406
0097.04	0002	
0098	0003	<i>Palm Beach</i>
0099	0004	
0100.01	0005	0079.01
0100.02	0006	0079.02
0102.01	0007	0080.01
0102.02	0026	0080.02
0103	0028	0081.01
0104.01	0040	0081.02
0104.02	0043	0082.01
0104.03	0044	0082.02
0105		0082.03
0106	<i>Ventura</i>	0083.01
0107		0083.02
	0001	
<i>San Diego</i>	0002	<i>Polk</i>
	0046	
0189.01	0075.01	0125
0189.02		0126
0190	Colorado	0127
0191.01		0142
0208	<i>Adams</i>	0143
0209.01		0144
0209.02	0084	0152
0210	0085.13	0154
0212.01	0087.01	0155
0212.02		0156
0213	<i>El Paso</i>	0157
	0038	0158
<i>San Joaquin</i>	0039.01	0159
	0046	0160
0040	<i>Larimer</i>	0161
0044		
0045	0014	Kansas
0052.01	0017.02	
	0019.02	<i>Butler</i>
	0020.01	0201

0203	0033.01	0016
0204	0033.02	
0205	0033.03	Pennsylvania
0209	0033.04	<i>Lycoming</i>
Louisiana	0034	0101
<i>Rapides</i>	New Mexico	0102
0106	<i>Dona Ana</i>	South Dakota
0135	0014	<i>Pennington</i>
0136	0019	0116
<i>Terrebonne</i>	<i>Santa Fe</i>	0117
0122	0101	Texas
0123	0102	<i>Bexar</i>
Minnesota	0103.01	1720
<i>St. Louis</i>	New York	1821
0105	<i>Herkimer</i>	1916
0112	0101	<i>Brazoria</i>
0113	0105.02	0606
0114	0107	0609
0121	0108	0610
0122	0109	0611
0123	0110.01	0612
0124	0110.02	0613
0125	0111	0614
0126	0112	0615
0127	0113.01	0616
0128		0617
0129	North Dakota	0618
0130		0619
0131	<i>Burleigh</i>	0620.01
0132	0114	0620.02
0133	0115	0621
0134		0622
0135	<i>Grand Forks</i>	0623
0137.01	0114	0624
0137.02	0115	0625.01
0138	0116	0625.02
0139	0118	0625.03
0141		0626.01
0151	<i>Morton</i>	0626.02
0152	0205	0627
0153		0628
0154	Oklahoma	0629
0155	<i>Osage</i>	0630
<i>Stearns</i>	0103	0631
0103	0104	0632
0105	01050106	<i>Harris</i>
0106	0107	0354
0107	0108	0544
0108		0546
0109	Oregon	
0110	<i>Clackamas</i>	<i>Hidalgo</i>
0111	0235	0223
Montana	0236	0224
<i>Cascade</i>	0239	0225
0105	0240	0226
	0241	0227
<i>Yellowstone</i>	0243	0228
0015	<i>Jackson</i>	0230
0016	0024	0231
0019	0027	0243
Nevada	<i>Lane</i>	Washington
<i>Clark</i>	0001	<i>Benton</i>
0057	0005	0116
0058	0007.01	0117
0059	0007.02	0118
	0008	0119
<i>Washoe</i>	0013	0120
0031.04	0014	<i>Franklin</i>
0032	0015	0208

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